

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

OCT 26 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 284
 Township St. Ferdinand Primary Registration District No. 6030
 City Jennings (No. 2520 MELAREN AVE) St. _____ Ward _____

File No. 35207
 Registered No. 169

2. FULL NAME

Mrs. Hattie Marie Mosley (HATTIE MARIE MOSLEY)
 (a) Residence, No. 830 PROVIDENCE AVE. Ward. WEBSTER GROVES
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND or (OR) WIFE OF) Chas A Mosley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 10 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
 13. NAME Hy N Eggers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Mary Spelbrink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Dan A. Hertzberg 830 Providence

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 9-6-1937

19. UNDERTAKER (ADDRESS) Witteberg General Home 257 N. Ashland Ave. Webster

20. FILED 9-3-1937 W.A. Zeitler Registrar. Geo. L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, to 9-2-37, 1937.
 I last saw him alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 9:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Cholera Myxomatosa 1933
 Other contributory causes of importance: 95

Name of operation La Grippe Date of Aug 23, 1937

What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Edw. Schmidt, M. D.
 (Address) 16704 W. Floumont

N. E. - Every item of information shown on this form is necessary for the purpose of determining amount of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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